

**OFFICIAL – SENSITIVE - CABINET**  
*Cabinet will wish to note that these minutes, except those items in italics, will be published in week commencing 13<sup>th</sup> April 2020*

**The Welsh Government**  
**Minutes of a meeting of the Cabinet**  
**4<sup>th</sup> March 2020**  
**Coronavirus – COVID 19**

**Present:** Vaughan Gething AM (Chair)  
Rebecca Evans AM  
Lesley Griffiths AM  
Julie James AM  
Eluned Morgan AM  
Kirsty Williams AM  
Jeremy Miles AM  
Jane Hutt AM

Hannah Blythyn AM  
Julie Morgan AM  
Dafydd Elis Thomas AM  
Lee Waters AM

Shan Morgan, Permanent Secretary  
Des Clifford, Director General Office of the First Minister  
Carys Evans, Principal Private Secretary to the First Minister  
Will Whiteley, Head of Cabinet Division  
Frank Atherton, Chief Medical Officer  
Reg Kilpatrick, Director Local Government  
Toby Mason, Head of Strategic Communications  
Jane Runeckles, Special Adviser  
Madeleine Brindley, Special Adviser  
Alex Bevan, Special Adviser  
Sara Faye, Special Adviser  
Paul Griffiths, Special Adviser  
Andrew Johnson, Special Adviser  
Clare Jenkins, Special Adviser  
Mitch Theaker, Special Adviser  
Tom Woodward, Special Adviser  
Name Redacted Head of Cabinet Secretariat  
Name Redacted Cabinet Secretariat  
Andrew Goodall, Director General Health  
Andrew Slade, Director General ESNR  
Sioned Evans, Director Business and Regions  
Chrishan Kamalan Deputy Director Coronavirus

**Apologies** Rt. Hon. Mark Drakeford AM  
Ken Skates AM

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**Item 1: Introduction and Chair's Items**

- 1.1 The Minister for Health and Social Services informed Cabinet that he had been asked by the First Minister to chair the meeting, which had been arranged to consider the latest risk assessments and Welsh Government preparations for the spread of the Coronavirus, COVID 19.
- 1.2 The situation was fast moving and it was essential that all Ministers were fully informed of developments. The four nation Coronavirus action plan, which outlined the response across the UK, had been published the previous day. This would help with the public information campaign.
- 1.3 *A Monday morning UK wide COBR meeting, chaired by the Prime Minister, and a Wednesday afternoon UK wide COBR, chaired by the UK Health Secretary, would be regular features of UK wide discussion and decision making between the 4 Governments. The First Minister would attend the Monday COBR and the Health Minister will continue to attend both COBR meetings. The frequency and attendance at these meetings may need to change as the position alters.*
- 1.4 *The UK Government was leading on a single piece of legislation, to provide emergency powers, that would cover the four nations. Officials were expecting further detailed policy instructions later that day, which would be shared with relevant Ministers and Departments. It would be important to ensure that the legislation reflected the needs of Wales. It was envisaged that the legislation would receive Royal Assent before Easter Recess.*
- 1.5 *It was recognised that the spread of the virus would have implications for every portfolio and Ministers would need to be assured that the necessary preparatory work was in hand. Officials would be updating business continuity plans and Ministers would need to give some thought to the prioritisation of work and decision making should they or staff become unwell or have to self-isolate.*

**Item 2. Latest risk assessment and advice: Chief Medical Officer**

- 2.1 The Minister for Health and Social Services invited the Chief Medical Officer to brief Cabinet on the latest risk assessment and advice.
- 2.2 There had been eight weeks since the first reported case in China. So far there had been over 87,000 cases world-wide, with just under 3,000 fatalities being reported in China. There were also serious outbreaks in South Korea, Iran and Northern Italy.
- 2.3 As of Tuesday, 51 cases had been identified in the UK, with more being reported overnight. Most of these were a result of people returning from infected areas, but two had contracted the virus from within the UK and more were expected. So far, there was only one reported case in Wales, *and the individual was being treated at a specialist centre in London.*

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- 2.4 Unlike seasonal flu, it was doubtful that the spring would bring about any improvements. The current emphasis was on containment and research phases, but planning for delay and mitigation was already in motion. This would allow the NHS more time to prepare for the escalation of infection.
- 2.5 Unfortunately, there would be sometime before a vaccine could be developed and there was no specific proven antiviral medication. Therefore, it was important to consider the implications beyond the NHS.
- 2.6 *Modelling by the Scientific Advisory Group for Emergencies suggested that under the reasonable worst case scenario, 80% of the population would be infected. Of these, 80% would have mild symptoms and the remaining 20% were likely to be hospitalised. That would equate to around 160,000 people in Wales requiring some form of hospitalisation, of these 133,000 would require oxygen and 14,000 would require ventilator support. The same modelling suggested somewhere in the region of 25,000 deaths.*
- 2.7 *In terms of timescale, an increase in cases was expected over the coming weeks, with significant escalation in April and possibly intensification into May and June before the number of new infections started to drop. However, given the summer travel season and the spread of the virus across the world, multiple peaks could not be ruled out.*
- 2.8 *Ministers noted that the spread of the virus would put added pressure on the NHS and the number of potential admissions would equate to a quarter of annual hospitalisations. Health Boards were being mobilised, with the potential to create extra beds by utilising community based facilities, but this would have an impact on staff numbers, particularly if some were required to self-isolate.*
- 2.9 *A proportionate response was required, and at the moment there was a need to avoid cancelling routine operations and outpatient clinics to help prevent panic amongst the general population.*
- 2.10 *It was important to share information continuously across the four nations, increase innovation and consider how to care for infected people in the community. There was a need to seek the support of the Third Sector to assist the health professionals, where possible.*
- 2.11 *Cross-border arrangements would need to be in place, particularly in Powys, to help support patients.*
- 2.12 *There were concerns about the economic impact on sporting and cultural events, such as the Urdd Eisteddfod and the Hay Festival, and it was noted that the science behind the spread of the virus would have to drive decisions on whether they went ahead.*

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**Item 3: UK Government mobilisation and Health and Emergencies internal governance: Director for Local Government**

- 3.1 The Minister for Health and Social Services invited the Director for Local Government to provide Cabinet with an update on UK Government mobilisation and the internal governance structure for dealing with health and emergencies.
- 3.2 *In addition to the public facing action plan, the UK Government had produced an internal reasonable worst case scenario planning document, which outlined key decisions and activities as the infection moved from a small number of traceable cases through to the recovery stage. The document included sections on business continuity, local and national economies, international implications, health and non-health matters, critical sectors and supply chains.*
- 3.3 *Governments would need to be able to respond to a number of issues, such as economic interventions, business support and cash flow. Other matters included, the management of excess deaths, supervision of offenders, transport links and road closures.*
- 3.4 *The Welsh Government and partners had plans in place to deal with pandemic flu, which would now be tested. The scale and seriousness of the infection would need to be aligned with current resilience plans and it would be important to ensure that Local Authorities were fully prepared.*
- 3.5 *A Welsh Government COVID 19 operating model had been produced, which outlined cross-government activities and support for Ministers and Cabinet. There was also a separate section on special projects and specific issues, such as dealing with excess deaths, proposed emergency legislation and communications. It would take around three to four weeks to build the necessary capacity to support the structure.*
- 3.6 *Other things to consider would be the impact on Senedd business and the Government's legislative programme.*
- 3.7 *There would now be a need to test the structures, take on board any lessons learnt and undertake a secondary exercise with local resilience fora.*
- 3.8 *Ministers recognised the impact of the spread of the virus on Local Authorities, particularly those that were still dealing with flooding issues. There were similar implications for Natural Resources Wales. Some thought would need to be given to the financial implications.*
- 3.9 *It would be important to raise civil contingency issues with recognised external fora, such as the Police and Partnership Board. A common brief for Ministers would help with such meetings. In addition, there would be a need to discuss coping with excess deaths with funeral directors and faith communities.*

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- 3.10 *In terms of education, there would be a need for clear internal and external communications on the policy on school closures. Adjudication boards would be able to issue qualifications based on course work, should there be a need to cancel examinations. UCAS was considering any potential impact on the Universities application process.*
- 3.11 *There would be a need to investigate whether companion animals could carry and transmit the virus.*
- 3.12 *Ministers discussed political management and agreed that there would be a need to continue to brief Party spokespeople on the spread of the virus and some thought would need to be given to engaging with Party leaders. It would be important for the CMO to discuss the spread of the virus with the Llywydd as there may be an impact on Senedd business.*

**Item 4: Communications: Director: Head of Strategic Communications**

- 4.1 The Minister for Health and Social Services invited the Head of Strategic Communications to provide an overview of communication issues.
- 4.2 *A COVID-19 operating model had been developed that covered both internal and external communications, which had been based on plans for dealing with a no-deal Brexit. It would also be important to continue to engage with Whitehall and Welsh Government partners.*
- 4.3 *It was noted that the development of social media platforms would be important with helping to share clear and accurate public information.*
- 4.4 *There would be a need to ensure that the UK media platforms recognised the role of the devolved administrations, and in particular, the fact that each of the four nations had a Chief Medical Officer. Ministers and the CMO should do everything practicable to cover interview requests.*

**Item 5: Conclusion**

- 5.1 Cabinet thanked the Chief Medical Officer, the Director of Local Government and the Head of Strategic Communications for their presentations *and noted that officials would take into account comments made by Ministers.*
- 5.2 Cabinet would have a further opportunity to discuss developments at its regular meeting the following Tuesday and a core group of Ministers would meet each week on a Wednesday.

***Officials to take into account comments made by Ministers***

**Sections 28, 35 & 36**

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Action points and outcomes from a meeting of Cabinet on 4<sup>th</sup> March 2020  
**OFFICIAL SENSITIVE – Cabinet, Policy and Commercial in Confidence**

<b>Item</b>	<b>Action / Outcome</b>	<b>Outcome/ Deadline</b>	<b>Officials</b>
<b><i>Coronavirus – COVID 19</i></b>	<b><i>Officials to take into account comments made by Ministers</i></b>	<b><i>As soon as possible</i></b>	<b><i>Frank Atherton, Reg Kilpatrick, Toby Mason</i></b>